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** FOREIGN APPLICATIONS *****				
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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met <input checked="" type="checkbox"/> Allowance <input type="checkbox"/> <u>RL</u> <u>ONB</u> Verified and <u>X</u> <u>RL</u> <u>ONB</u> Acknowledged <u>RL</u> <u>ONB</u> Examiner's Signature Initials		STATE OR COUNTRY CA	SHEETS DRAWING 14	TOTAL CLAIMS 28
				INDEPENDENT CLAIMS 7
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FILING FEE RECEIVED 1146	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	